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REMOVAL

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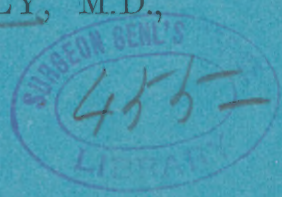
OVARIAN CYST

WEIGHING ONE HUNDRED AND SIXTEEN
POUNDS. RECOVERY.

BY

HOWARD A. KELLY, M.D.,

Philadelphia, Pa.



Reprinted from the AMERICAN JOURNAL OF OBSTETRICS AND DISEASES
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AN OVARIAN CYST WEIGHING ONE HUNDRED AND SIXTEEN
POUNDS SUCCESSFULLY REMOVED.

It is now more than a year since I operated on the patient, the subject of this paper.

Mrs. T., a widow, 42 years of age, menstruated first at 12 years, was married at 21, and has had four children at full term. Her menstruation has always appeared every four or five weeks, lasting from three days to a week, and been moderate in amount and painless; of late she has menstruated every two weeks.

After the birth of her first child, fifteen years ago, it was noticed when she left the parturient bed that her abdomen was as large as before. Her health, however, continued perfectly good until three years ago, when she was treated in the ward of the Episcopal Hospital for malaria, when the tumor was noticed by the doctor and examined.

The growth was gradual, and accompanied by occasional sharp pains in the left inguinal region until four months ago, when she fell down eight steps, since which time she has greatly swelled and suffers frequently from orthopnea, distressing retching, and constant wearing pains in the back and hips. Her face has a typically wasted drawn look, characteristic of many night watches spent at the window. The skin is dry and the limbs shrunken. The belly is enormous. It measures forty-four and a-half inches in circumference as she lies on my office chair. It is very pendulous, pouching down, measuring fifteen inches from ensiform cartilage to navel, and nine inches from navel to pubes. The skin is full of lineæ albicantes, edematous beneath the pouching, and traversed by conspicuous superficial abdominal veins, which course down to the superficial circumflex veins of the thigh. Fluctuation and lateral resonance not changed by posture, with a left latero-flexed uterus seemingly in close connection with the tumor, pointed distinctly to the diagnosis, which was completed by aspirating thirty minims of the fluid, which was found to be opalescent, viscid, full of albumin, and, under the microscope, full of compound and large granular cells.

After a suitable preparation of the room, and with the instruments immersed in a two and a half per cent solution of carbolic

acid, I proceeded to operate at 3 o'clock P.M., on June 7th, 1884, assisted directly by Drs. Jos. Price and B. A. Randall. There were also present Drs. A. K. Minich, S. T. K. Morton, Geo. Boyd, E. F. Walsh, and others.

The tumor was evacuated through an incision about five inches in length. Two veins required clipping in the skin. The sac was exposed, and found to be universally adherent to the abdominal parietes.

A few of the largest cysts were immediately evacuated by a Hodge trocar, and an hour was then consumed in working up between the adhesions and the belly wall; in some places the union was so dense as to require considerable dissection with a scalpel to free the mass.

As the sac was gradually drawn down, a large rounded hard mass about the size of the liver emerged from under the right hypochondrium, which became tympanitic resonant upon its withdrawal. This was believed to be the liver, and Dr. Randall's attention was engaged in detaining it, as I gradually dragged the cyst out until finally, much to our consternation, it suddenly slipped from under his fingers and delivered itself at the opening, where it looked like an enormous cystically degenerated kidney. The cysts were full of glutinous and purulent material, and the whole mass was but a part of the ovarian growth. By dint of slow hard work, with both thumbs opposed, the whole sac was gradually freed from the belly wall to which it was universally adherent, and the pedicle reached at the left broad ligament. This was tied through the ampulla by a Thomas' knot and dropped. Not a single ligature was used for oozing or bleeding beside that on the pedicle, the method of separation and the time consumed acting as efficient hemostatics. The toilet was made with the utmost care, and upon closure of the wound, a curved drainage tube six and a half inches long with a lip and a lumen of a half-inch was inserted behind the uterus. The sutures of silver wire included one-half inch of peritoneum on each side. The line of the wound was dried and sprinkled thick with powdered iodoform. The tube was plugged with carbolized gauze, and a few layers of gauze covered the whole, held in place by a bandage.

The whole operation lasted over two hours. She was badly burned by two of the hot bottles placed around her, and the sloughing of the leathery skin and suppuration troubled her long after recovery from the operation.

There was some shock and vomiting the night following the operation. She was allowed a tablespoonful of cold tea every half-hour for the first twenty-four hours, after which she took beef-tea and wine-whey, and beef-tea by enema.

Her pulse remained pretty constantly at 132 until the sixth day after the operation, when it was 108, below which it did not go, although from that day on she visibly improved, "feeling stronger every day."

The temperature ranged from 100 to 101°, dropping to 99° on the fifth day, when all the stitches were removed, and union found perfect.

I do not include my full record of the temperature, as it was manifestly complicated by the severe burn on the side. The wound healed up to the tube by first intention. There is one point in the after-treatment to which, in the light of my experience then and subsequently, I attribute much importance; that is, having *cleansed* the peritoneum and inserted a large drainage tube, I adopted measures to *keep* it clean. The day following the operation I drew off, by means of a long nozzle syringe reaching to the bottom of the tube, seven ounces of thin claret-colored fluid, and in the evening of the same day washed out the pelvis with a one and one-half per cent carbolyzed solution by passing in a rubber tube attached to a gravity syringe. This washing was continued twice daily, about a pint of fluid being used each time.

It was a source of the greatest relief to her; and invariably when I found her flushed and restless, the washing left her composed and comfortable.

On the 9th inst., decolorized blood-clots began to pass out with the washing, and the note on the 10th states that several ounces of curdy matter and serous fluid were brought away.

On the 11th, there was a free metrostaxis, and many pinkish curds were washed out until the fluid returned clear, which latter was the only rule for discontinuance of the washing at each sitting. On this day, I observed for the first time a very hard, semi-circular mass, from two or three inches broad, extending from the right hypochondrium across well above the navel, into the left hypochondrium, and then vertically downwards into the left iliac region. This felt exactly like the hard mass of a tumor, and seemed to be in the muscles of the belly wall. It corresponded to the points of closest adhesion of the sac, and remained for many days, gradually melting away.

The bowels were easily moved for the first time two weeks after the operation, at which time she was enjoying an enlarged diet list, sitting up and feeling well. The length of the incision, sixteen days after, was three inches, about which time the drainage tube was removed, as but a small quantity of thin pus continued to run out of the lower angle of the wound. The note on the 12th of August says:

“Still a few drops of sero-pus exude from lower angle of the wound daily. Burns almost closed in. *Well and hearty*, looks ten years younger, has a bright color, and a very happy expression in place of the *facies ovariana*.”

She menstruated six weeks after the operation, losing but a little pale fluid by drops, but suffering from the same severe cramps during the week which she had had previously.

Now, a year after, the menstruation has been regular, painless,

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and perfectly natural, lasting three days. She is in perfect health, working hard in a mill, and the scar is almost invisible, the only trace of it being a broken, fine white line, with a shallow pit at its lower end.

The tumor was weighed *en masse* in a tub in the presence of Dr. Walsh. The whole weighed 132 pounds, of which the tub weighed 16, leaving a weight of 116 pounds for the weight of the tumor. I had fully counted on preserving this interesting specimen, but I had scarcely turned my back to give some necessary directions about the patient, when the nurse had emptied it and some valuable sponges down the privy well.

It is, I believe, the largest tumor ever removed successfully in Philadelphia.

In Spencer Wells' list of one thousand ovariectomies, there was but one tumor weighing over one hundred pounds.

Case No. 564 was a single woman, 53 years of age, from whom a tumor weighing 125 pounds was removed in June, 1873. She recovered, and was heard of in 1881.

In the third edition of Dr. Emmet's book, "The Principles and Practice of Gynecology," p. 707, is given the account of the largest tumor Dr. Emmet says he ever removed. The operation lasted two hours and a quarter, prolonged, as in my own case, by extensive parietal adhesions. The tumor weighed seventy nine pounds. The patient recovered.

Dr. Emmet also states that Dr. Keith "removed one weighing 120 pounds, the largest ovarian tumor ever removed successfully from the living body."

A. Courty, in his "Prac. Treatise on the Dis. of the Ut., Ovaries, and Fal. Tubes" (*Am. Gyn. Trans.*, Phila., 1883, p. 744, says: "The weight of the tumor has been known to exceed 165 pounds" (Kimball).

